

Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## UTILITY **PATENT APPLICATION TRANSMITTAL**

on Please type a plus sign (+) inside this box →

Attorney Docket No.		PC10299A		PTO	
First Named Inventor or Application Identifier			David S. Roberts et al.	s. <u>[</u>	
Title	ERYSIPELOTHRIX RHUSIOPATHIAE ANTIGENS AND V COMPOSITIONS			ACCÎNÊ	
Express Mail Label No.		EL162031	221US	္ပင္	

(Only for new nonprovisional applications under 37C.F.R. §1.53(b))		lail Label No. EL162031221US				0.5		
	Ď.							
See MPEP ch	APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			ADDRESS TO:  Assistant Commissioner for Patents Box Patent Application Washington, DC 20231				
1.	(Submit an original, and a duplicate for fee processing)			6. Microfiche Computer Program (Appendix)				
2.				<ol> <li>Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</li> </ol>				
	<ul> <li>Descriptive title of the Invention</li> <li>Cross References to Related Appl</li> <li>Statement Regarding Fed sponsor</li> <li>Reference in Microfiche Appendix</li> </ul>	red R&D		b. Pape		e Copy al to computer copy) identity of above copies	·	
	- Background of the Invention			ACCOMPANYING APPLICATION PARTS				
	- Brief Summary of the Invention			Assignment Papers (cover sheet & document(s))				
	<ul> <li>Brief Description of the Drawings (if file</li> <li>Detailed Description</li> <li>Claim(s)</li> </ul>	ii iilea)	9.	37 C.F.R. §3.7	3(b) Statement is an assignee)	Power of Atto	rney	
	- Abstract of the Disclosure		10.		ent ( <i>if applicable</i> )			
3.	Drawing(s) (35 U.S.C. 11.3)[Total shee	ets [ ]	11.	Information D		Copies of IDS		
4(	Oath or Declaration [Total pag	jes [ ]	12.	Preliminary A	Amendment			
	a. Newly executed (original or copy)			Return Receipt Postcard (MPEP 503)				
	b. Copy from a prior application (	(37 CFR		(Should be specifically itemized)				
<b>3</b> .	§1.63(d)) (for continuation/divisional with Box 17 completed)  [Note Box 5 below]  i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).			14 *Small Entity Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12)				
				15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
The ent	The entire disclosure of the prior application, from which a			Other: P	Priority Claim			
copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		Claims priority of U.S. Provisional Application No. 60/117,704, filed 1/29/99				ation		
	*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).							
17. If a C								
	Continuation Divisional Continuation-in-part (CIP) of prior application No:/							
Prior	Prior application information: Examiner Group/Art Unit:							
	18. CORRESPONDENCE ADDRESS							
Custome	Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below							
Name	Paul H. Ginsburg				-			
Address	Pfizer Inc Pfizer Inc							
Address	235 East 42nd Street, 20th Floor							
City	New York	State		New York	Zip Code	10017-5755		
Country	United States Of America	Telephone	(212)573-2369		Fax	(212)573-1939		

EXPRESS MAIL NO. EL 162031221 US

NAME (Print/type)

Signature

UTILITY TRANSMITTAL PTO SB 05, 3/99, (1/1)

Registration No. (Attorney/Agent)



PTO/SB/17(2/98)
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OMB 0651-0032

FEE TRANSMITTAL	Application Number				Not Yet Assigned		
	Filing Date				Herewith		
Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997.	First Named Inventor				David S. Roberts, et al.		
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examiner Name				Not Yet Assigned		
See 37 C.F.R. §§ 1.27 and 1.28.	Group/	/Art Unit			Not Yet Assigned		
Total Amount of Payment (\$) 690.00	Attorne	ey Docke	t No.		PC10299A		
METHOD OF PAYMENT (check one)				FEE CAL	CULATION (continued)		
1.   The commissioner is hereby authorized to charge	3. ADDI	TIONAL F	EES	_			
indicated fees and credit any over payments to:  Deposit	Large Fee	Entity _ Fee	Small I Fee	Fee			
Account Number 16-1445	Code	(\$)	Code	(\$)	Fee Description	n Fee Paid	
Deposit Account Name Pfizer Inc	105	130	205	65	Surcharge – late fee or	path	]
Charge Any Additional Charge the Issue Fee Set in	127	50	227		Surcharge—late provision cover sheet	nal filing fee or	]
Fee Required Under 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance.	139	130	139	130	Non-English specification	n	]
	147	2,520	147	2,520	For filing a request for re	eexamination	1
2. Payment Enclosed:	112	920*	112	920*	Requesting publication of	of SIR prior to	i I
☐ Check ☐ Money Order ☐ Other	113	1,840*	113		Examiner action Requesting publication of Examiner action	of SIR after	, ]
FEE CALCULATION	115	110	215		Extension for reply withi	n first month	1
1. BASIC FILING FEE	116	380	216		Extension for reply withi month	n second	j
Large Entity Small Entity	117	870	217		Extension for reply within	n third month	۱.
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	118	1,360	218	680	Extension for reply withi	n fourth month	j
101 760 201 380 Utility filing fee 690	128	1,850	228	925	Extension for reply within	n fifth month	]
106 310 206 155 Design filing fee	119	300	219	150	Notice of Appeal		]
107 480 207 240 Plant filing fee	120	300	220	150	Filing a brief in support of	of an appeal	]
108 760 208 380 Reissue filing fee	121	260	221	130	Request for oral hearing		]
114 150 214 75 Provisional filing fee	138	1,510	138		Petition to institute a put proceeding	olic use	]
SUBTOTAL (1) (\$) 690.00	140	110	240	55	Petition to revive - unavo	pidable	
2. EXTRA CLAIM FEES	141	1,210	241	605	Petition to revive - uninte	entional	i '
Extra Fee from Claims below Fee Paid	142	1,210	242	605	Utility issue fee (or reiss	ue)	j
Total Claims 11 -20**= 0 X 18 = 0	143	430	243	215	Design issue fee		
Independent 2 - 3**= 0 X 78 = 0	144	580	244	290	Plant issue fee		j
Multiple Dependent = 0	122	130	122	130	Petitions to the Commiss	sioner	
** or number previously paid, if greater; For Reissues, see below  Large Entity Small Entity		50	123		Petitions related to provi	sional	
Fee Fee Fee Fee Description Code (\$) Code (\$)	126	240	126	240	Submission of Information Statement	on Disclosure	
103 18 203 9 Claims in excess of 20	581	40	581	40	Recording each patent a property (times number of		
102 78 39 Independent claims in excess of 3	146	790	246	395	Filing a submission after (37 CFR 1.129(a))		
104 260 204 130 Multiple dependent claim, if not paid	149	760	249	380	For each additional inversexamined (37 CFR 1.129		
109 78 209 39 **Reissue independent claims over original patent	Other Fee (specify)			_			ŗ
110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other Fee (specify)			_			
SUBTOTAL (2) (\$) 0.00	*Reduce	d by Basic	Filing Fe	e Paid	SUBTOTAL (	3) (\$) 0.00	二
SUBMITTED BY					Complete (if Applicable)		
Type or Printed Name Kristina L. Konstas	D-4-	- 17			Reg. Number	37,864	コ
Signature Kustas	Date	Han	uanu d	14,2000	Deposit Account User ID	16-1445	